

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0189  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U-18309	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name: MICHAEL J NUGENT P.O. Box, Bldg., Room No., if any: Street: 600 WEST WASHINGTON BLVD. City: CHICAGO State: Illinois ZIP Code + 4: 60661-2940	4. Name, file number, and address of labor organization. Name: I.B.E.W. LOCAL 134 Labor Organization File Number: 035-399 P.O. Box, Building and Room Number, if any: Street: 600 WEST WASHINGTON BLVD. City: CHICAGO State: Illinois ZIP Code + 4: 60661-2940
5. Position in labor organization: BUSINESS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Michael J Nugent*

On

5/10/06  
Date

312 474 4149  
Telephone Number

Name of Person Filing MICHAEL NUGENT	File Number U- 18309
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name AMALGAMATED BANK OF CHICAGO</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street ONE WEST MONROE STREET</p> <p>City CHICAGO</p> <p>State Illinois ZIP Code + 4 60603</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>AMALGAMATED BANK OF CHICAGO HOLDS INVESTMENTS AND OTHER BANK ACCOUNTS FOR THE LOCAL UNION.</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>2 CUBS GAMES</p> <p>4 MEALS</p> <p>2 WHITE SOX GAMES</p> <p>12.b. Amount. \$519</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2005 to December 31, 2005. Accurate records of reportable occurrences were not kept from January 1, 2005 to August 15, 2005, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2005 to December 31, 2005, I will immediately file an amended LM-30 Report.

   
Signature Date